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CONFIRMATION NO. 2293

<b>SERIAL NUMBER</b> 10/816,954	<b>FILING OR 371(c) DATE</b> 04/05/2004 <b>RULE</b>	<b>CLASS</b> 345	<b>GROUP ART UNIT</b> 2629	<b>ATTORNEY DOCKET NO.</b> IMMR-0098B
<b>APPLICANTS</b> Erik J. Shahoian, San Ramon, CA; Louis B. Rosenberg, San Jose, CA;				
<b>** CONTINUING DATA *****</b> This application is a CON of 09/759,780 01/12/2001 PAT 6,717,573 which claims benefit of 60/176,108 01/14/2000 and is a CIP of 09/253,132 02/18/1999 PAT 6,243,078 and is a CIP of 09/456,887 12/07/1999 PAT 6,211,861 and is a CIP of 09/563,783 05/02/2000 PAT 6,353,427 which is a CON of 09/103,281 06/23/1998 PAT 6,088,019				
<b>** FOREIGN APPLICATIONS *****</b>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/17/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 8	<b>TOTAL CLAIMS</b> 39
<b>INDEPENDENT CLAIMS</b> 5				
<b>ADDRESS</b> 60140				
<b>TITLE</b> Low-cost haptic mouse implementations				
<b>FILING FEE RECEIVED</b> 1284	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	